

# INFORMATION REPORT

CD NO.

COUNTRY East Germany  
 SUBJECT Status of Physicians in East Germany

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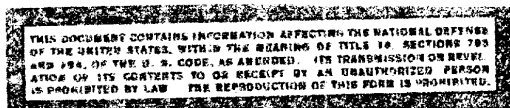
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1. The East German Ministry of Health is revolutionizing stationery and ambulatory medical care of the population in the DDR. It is attempting to abolish free medical practice, establish polyclinics and bring workers under the control of factory physicians. Promulgation of Order No. 30 of the SMAD (Soviet Military Administration in Germany), which concerned control of venereal diseases, was the first step in the campaign against the private physician. This Order established public health dispensaries as centers for medical care and for prophylaxis and therapy of venereal diseases. Physicians and specialists were forbidden to treat private patients for venereal diseases unless they served as auxiliary venereologists to the dispensaries. Order No. 30 was enforced by ordinances providing for strict control of anti-VD agents, particularly salvarsan and penicillin.
2. Orders No. 234 and 272 were promulgated in late 1947. These established a close network of public polyclinics, factory polyclinics and sanitary stations. The need for personnel grew steadily as the State set up new installations for the ambulatory care of the sick. Cooperation of State-employed physicians was sought by granting them favorable salaries, tax rates and food rations. The authorities hoped that these favors would induce the physicians to stay in their posts. The tax load for the private physicians was not decreased and difficulties were placed in their way in obtaining drugs and supplies. Two unforeseen results were produced by this policy. First, the private physicians withstood the pressure and remained in free practice. Secondly, physicians in university clinics, hospitals and scientific institutes, who received low salaries, streamed into the polyclinic positions. This exodus dealt a severe blow to medical research in East Germany.
3. Physicians who did not cooperate with Ministry policy were terrorized. For example, in mid-August 1953, Dr. Ernst Magerfleisch, an assistant physician at the Magdeburg City Hospital, was sentenced to three years' imprisonment by the Bezirks Court at Magdeburg. The charge was that he had prescribed a drug for a patient with a liver disorder and advised that the drug be obtained from West Berlin because the same product was not available in East Germany. The court stated that the physician's method was a "conscious spreading of provocative rumors (in that) the accused gave the impression that not enough is being provided for the sick of East Germany (and that) he spread propaganda against peace."

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4. In early 1949 another regulation was issued which permitted the opening of new private medical practice only if the practice "corresponded to the needs of the population within the framework of an extensive plan for the entire Soviet Occupied Zone, with due regard to the necessity for strengthening the network of public medical care stations." Permission to open a private practice was refused if adequate medical care of the population in the area was already assured by regulations which guaranteed medical assistance to the people, or if the applicant was going into professional practice for the first time and his attention had already been called to the existence of a professional opening in the public service corresponding to his training and ability.
5. These pressure tactics led increasing numbers of physicians to flee to West Germany. The defectors included many high-level scientists. In order to offer some professional compensation to the East German physicians, the authorities selected the first "Meritorious Physicians of the People" (Verdiente Aerzte des Volkes) in 1950. In 1951 a new tax reform was announced which placed the private physician in an extraordinarily favorable position by granting him a tax-rate of 14 percent on revenue from "free professional activity." Favorable rates of compensation for doctors, dentists, veterinarians and pharmacists were established within the framework of a collective contract for the organization of public health affairs. The following monthly salaries for medical personnel were guaranteed:
- a. Salary Group III (Verguetungsgruppe III) - DME 850 to DME 1000
- 1) Assistant pharmacists
  - 2) Assistant physicians working in dispensaries
  - 3) Assistant physicians with two years' experience after full licensing
  - 4) Assistant veterinarians
  - 5) Dentists with one year's experience
- b. Salary Group IV - DME 1000 to DME 1150
- 1) General practitioners in polyclinics
  - 2) Pharmacists with special responsibility
  - 3) Industrial physicians [with less than two years' experience]
  - 4) Food chemists
  - 5) Dentists with three years' experience
- c. Salary Group V - DME 1150 to DME 1300
- 1) General practitioners with two years' clinical and three years' general medical experience after full licensing
  - 2) Physicians in public health offices who do not fall into Salary Groups VI or VII
  - 3) Medical science assistants who are employed in the Main Administration of the Health Affairs Section of the Ministry of Health
  - 4) Consulting pharmacists
  - 5) Industrial physicians with at least two years' experience as industrial physicians

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- 6) Graduate chemists (Diplom-Chemiker)
  - 7) Specialists in hospitals, polyclinics and dispensaries (who are not Directors of Sections)
  - 8) Chief dentists in polyclinics
  - 9) Chief pharmacists in charge of at least two subordinate pharmacists
  - 10) Chief assistant veterinarians
  - 11) School dentists with more than three years' professional experience
4. Salary Group VI - DME 1300 to DME 1450
- 1) Physicians with exclusively diagnostic tasks
  - 2) Physicians who are employed as Leiter of Zentralstelle in the Main Administration
  - 3) Specialists who are directors of the Heiligt Tuberkulose Care
  - 4) Specialists who are employed as such in industry
  - 5) Specialists who are directors of Sections in hospitals and polyclinics
  - 6) Directors of school dental clinics in charge of at least two subordinate dentists
  - 7) Chief industrial physicians
  - 8) Veterinary directors
  - 9) Directors of medical sciences institutes
  - 10) Directors of teaching institutes
  - 11) Director of pharmacy in the Main Administration (Hauptverwaltung)
  - 12) Director of the Institute for Food Chemistry
  - 13) Chief physicians
  - 14) Deputies to physicians (Anteagerate) in charge of public health offices
  - 15) Physicians who are employed as Referatsleiter in the Main Administration
5. Salary Group VII - DME 1450 to DME 1650
- 1) Physicians (Anteagerate) in charge of public health offices
  - 2) Veterinarians (Antstierserzte) in charge of public health offices
  - 3) Physicians who are employed as Hauptamtsleiter in the Main Administration or who hold equivalent positions
  - 4) Physicians who are employed as Hauptamtsleiter in the Main Sections (Hauptabteilungen) of the Ministry of Health. (These also receive a 10 percent bonus over the base salary of Group VII).
  - 5) Chief physicians whose pay is not provided for in specific contracts

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[redacted] these favorable measures did not effectively improve medical care in the DDA. Statistics for December 1952 list the total number of East German general practitioners and specialists as 10,816. Assuming a population of 17,000,000 this ratio is one physician to 1570 people. The East German Ministry of Health is striving for a ratio of 1:1000. Even the 1:1570 ratio is not realistic because it is based on a total census of all physicians living in East Germany. The census includes those who, because of old age or sickness, no longer practice. It also includes those employed in industry, those in administrative position who have no time to practice and those assigned to the Peoples' Police. A more reliable estimate, based on the number of physicians who actually practice, would be 1:2000.2/

7. Because of this shortage of physicians the authorities decided to adopt a substitute system which had shown some results in the fields of law and teaching. In June 1952 the Council of Ministers issued a decree providing for the training of "physicians' assistants." This training was to produce people's physicians (Volksaerzte). Candidates for this training were recruited from young hospital and nursing personnel who were politically acceptable. The recruits were assigned to one-year courses in the larger hospitals of East Germany. Their training was the responsibility of the chief physicians and political instructors. The first of these "physicians' assistants" have already taken up their duties in the clinics and hospitals of East Germany. They are to release the staff physicians from all minor problems. Patients believe them to be physicians because they accompany visiting nurses on their rounds, prescribe drugs (even potent agents), perform injections, bind wounds and carry out minor operations. In this latter connection their training is supposed to make them adequate to the task of amputation.

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1. [redacted] Comment. A Bezirk is equivalent to a county or borough in the United States.

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2. [redacted] Comment. In contrast, the actual West German ratio is between 1:800 and 1:900. This does not include the practicing, licensed physicians employed by the Health Insurance Plan (Krankenkasse).